

Albuterol Dosing:**

- Continuous albuterol alone: 0.083% (2.5mg/3mL)
- If combined with ipratropium 0.5% solution (0.5 mL = 2.5 mg)

Pt > 2 yrs of age admitted to the General Pediatric service for asthma exacerbation

Is the exacerbation severe, moderate, or mild?

Severe

Mild

Moderate

- **Oxygen** to achieve SpO₂ ≥ 90%
- **Methylprednisolone IV**
2 mg/kg/day q24 OR divided q12
Max: 60 mg/day
- Continuous **albuterol**** (nebulized)
< 20 kg: 10 mg/hr
≥ 20 kg: 15 mg/hr

If not already administered:

- **Magnesium sulfate IV**
50 mg/kg (Max: 2 grams)
- **Ipratropium bromide** (nebulized)
1500 mcg x1 with continuous **albuterol****

[Review indications for transfer to intensive care](#)

- **Oxygen** to achieve SpO₂ ≥ 90%
- **Dexamethasone**
0.6 mg/kg PO x1 dose (Max: 12 mg)
(2nd dose on day 2 may be considered)
- OR
- **Prednisolone/Prednisone PO**
2 mg/kg/day x3-5 days (Max: 60 mg/day)
- **Albuterol** (MDI with spacer)
[<20 kg: 4 puffs](#)
[≥20 kg: 8 puffs](#)
- OR
- **Continuous albuterol**** (nebulized)
< 20 kg: 10 mg/hr
≥ 20 kg: 15 mg/hr

If not already administered, consider:

- **Magnesium sulfate IV**
50 mg/kg (Max: 2 grams)

- **Oxygen** to achieve SpO₂ ≥ 90%
- **Dexamethasone**
0.6mg/kg PO x1 dose (Max: 12 mg)
- OR
- **Prednisolone/Prednisone PO**
2 mg/kg/day x3-5 days (Max: 60 mg/day)
- **Albuterol** (MDI with spacer)
[<20 kg: 2 puffs](#)
[≥20 kg: 4 puffs](#)

Providers, nurses, and RT will continue to evaluate and communicate with one another, discussing patient care goals and any deviations from the expected course of illness. In general, RT will space albuterol according to Respiratory Care Plan.

Severe

Moderate

Mild

Pts severity/phase will change throughout their hospitalization

Albuterol frequency: Continuous Albuterol dose: See above RT assessment: every 30 min for the first hr and q1 hr after	Albuterol frequency: q2-3 hr Albuterol dose: <20 kg: 4 puffs ≥20 kg: 8 puffs Consider: Incentive Spirometry, PeP RT assessment: every other treatment	Albuterol frequency: q4 hr Albuterol dose: <20 kg: 2 puffs ≥20 kg: 4 puffs Consider: Incentive Spirometry, PeP RT assessment: every other treatment
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Create/Adjust Asthma Action Plan
[Asthma Education](#)
[Consider additional consultations](#)

[Discharge with home asthma care plan and follow-up with PCP](#)

Does the pt meet discharge criteria?

Asthma Exacerbation Algorithms:

- [Asthma Care Continuum](#)
- [Ambulatory](#)
- [Urgent Care](#)
- [Emergency Department](#)